



Duchesne County
Department of Building Safety

734 North Center St., P.O. Box 317
Duchesne, Utah 84021-0317
Phone (435) 738-1150



NOTE: 48 hour minimum notice is required for all inspections.

BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN STAMPED APPROVED

ALL ITEMS WITH (★) MUST BE FILLED OUT

*Application Date		Receipt Number	Date Issued	Permit Number
*Property Owner			Phone: H:	C:
			Email:	
*Mailing Address	*City	*State	*Zip	
*Proposed Use Of Structure				
*Subdivision Name		Block / Phase	Lot #	*Parcel / Assessors Serial Number
*Building Site Address	*City / Area	*County Duchesne	*State Utah	*Zip
*Property Location / Legal Description:				*Total Property Area (acres / sq. ft.)
				Total Building Site Area
Owner Builder or	General Contractor	Contact Name		O. Phone: C. Phone:

Decisions relative to this application are subject to review by the chief executive officer of the municipal or county entity issuing the single-family residential building permit and appeal under the International Residential Code as adopted by the Legislature.

Permits become null and void if work or construction authorized is not commenced within 180 days from the issue date, or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or performance of construction and that I make this statement under penalty of perjury.

Signature of Owner (if owner builder)

Date

Signature of Contractor or Authorized Agent

Date

Special Approvals	REQ.	Reference / Permit Number	Date Received	Plan Reviewed By:	
Board of Adjustment				Comments and Restrictions:	
Soils Report					
Health Department Waste Water					
Public Sewer (City / District)					
Health Department (Private Water)					
Well Permit					
Public Water (City / District)					
Fire Department					
Wildland Urban-Interface					
Road Access					
Health Department Commercial					
Bond Required	Yes	No	Amount	\$	Architectural Committee

Building Inspector Signature:

BUILDING FEE SCHEDULE

Total Square Ft. Of Building				Valuation				\$
1 st Floor Sq. Ft.				Building Fees				
2 nd floor Sq. Ft.				Plan Review Fees				
Basement Rough Finish				Electrical Fees				
Decks / Patios				Plumbing Fees				
Carport Sq. Ft.				Mechanical Fees				
Garage Sq. Ft.				Water				
Occupancy Group				Sewer				
Max. Occupant Load:				Storm Sewer				
No. of Dwellings Units				Moving or Demo				
No. of Bedrooms				Temporary Connection (90 Days)				
No. of Bldgs.		R. Value		Violation				
No. of Stories		Walls	Roof	Other				
Const. Type				1% State Surcharge				
Const. Material: Wood Frame MFH Modular Block Concrete Steel				Total Fees				
				Minus Deposit				
Fire Sprinklers:	Yes		No		Total Due			

Building Inspector Signature: _____

*Previous Use of Land or Structure				Set Backs <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved Date: _____											
*Dwelling Units Now on Lot		*Accessory Buildings Now on Lot		Setbacks in Feet											
*Type of Improvements / Kind of Construction Sign Build Remodel Addition Repair Move Convert Use Demolish New Installation				Front (Faces)		Side (Faces)		Side (Faces)		Rear (Faces)					
				N	S	E	W	N	S	E	W	N	S	E	W
				Set Back				Set Back				Set Back			
				Street				Street				Street			
Number of Off Street Parking Spaces: Covered Uncovered				Minor Subdivision Approval: Conditional Use Permit Approval:											
Zone		Zone Approved By		Signed: _____											

Architect of Record	Mailing Address:	O. Phone	Ut. St. License Number
	E-Mail:	C. Phone	
Engineer of Record	Mailing Address:	O. Phone	Ut. St. License Number
	E-Mail:	C. Phone	
*General Contractor	Mailing Address:	O. Phone:	Ut. St. License Number
	E-Mail:	C. Phone:	
*Concrete Contractor	Mailing Address:	O. Phone:	Ut. St. License Number
	E-Mail:	C. Phone:	
*Framing Contractor	Mailing Address :	O. Phone:	Ut. St. License Number
	E-Mail:	C. Phone:	
*Electrical Contractor	Mailing Address:	O. Phone:	Ut. St. License Number
	E-Mail:	C. Phone:	
*Plumbing Contractor	Mailing Address:	O. Phone:	Ut. St. License Number
	E-Mail:	C. Phone:	
*Mechanical Contractor	Mailing Address:	O. Phone:	Ut. St. License Number
	E-Mail:	C. Phone:	
*Insulation Contractor	Mailing Address:	O. Phone:	Ut. St. License Number
	E-Mail:	C. Phone:	
*Drywall Contractor	Mailing Address:	O. Phone:	Ut. St. License Number
	E-Mail:	C. Phone:	
*Exterior Finish Contractor	Mailing Address:	O. Phone:	Ut. St. License Number
	E-Mail:	C. Phone:	